

# **Pan de Vida RETREAT REGISTRATION**

**REGISTRATION FEE: \$60.00**

\* Includes lunch and dinner on Saturday \* Does not include housing

Form must be completed and mailed by April 15, 2017

St. Joseph Catholic Church

1162 Lincoln Way

Auburn Ca. 95603

**\*\*\*LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY ALL PARTICIPANTS\*\*\***

## **LIABILITY RELEASE FORM**

### **RELEASE OF ALL CLAIMS**

Name of Activity: *Pan de Vida* Retreat

Location: St. Joseph's Church

Telephone: Katie Prust 530-320-8810, 530-885-2956

Date of Activity: May 5-7, 2017

The undersigned do hereby release, forever discharge and agree to hold harmless *Pan de Vida*., St. Joseph Catholic Church, and the Diocese of Sacramento from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18, or older).

The undersigned further agree to indemnify and hold *Pan de Vida*, St. Joseph Catholic Church, and the Diocese of Sacramento and its respective members, directors, employees, and agents (collectively, the "Indemnities,") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the *Pan de Vida* Retreat and all of its activities and hereby give permission to *Pan de Vida* Retreat, St. Joseph Catholic Church and the Diocese of Sacramento to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. I also understand that photographs or videos of the young people (including my child) will be taken during the retreat and may be used on the website or other *Pan de Vida* media (exclusively) material.

**This form MUST be signed by ALL participants. If participant is under 18, parent or legal guardian must sign.**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

**\*\*PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE**

(1) \_\_\_\_\_ DATE \_\_\_\_\_

(2) \_\_\_\_\_ DATE \_\_\_\_\_

PARISH/GROUP \_\_\_\_\_ CHAPERONE'S NAME \_\_\_\_\_

**\*\*PARTICIPANT'S SIGNATURE (if 18 or older)** \_\_\_\_\_

**NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE RETREAT DURING RETREAT HOURS.**

Youth Ministers, Chaperones and Volunteers, **MUST** complete the other side of form.

**OVER** 

**YOUTH MINISTERS, CHAPERONES, AND  
VOLUNTEERS HELPING WITH THE *Pan de Vida* RETREAT**

All youth ministers and chaperones coming with a group, and all of the volunteers helping with the *Pan de Vida* Retreat **MUST** submit the following documents to the St. Joseph Catholic Church Registration Committee prior to the Retreat. No exceptions. Those arriving at the Retreat without the following documentation will not be admitted.

- The signed and completed *Pan de Vida* Retreat Registration and Liability Release Form (front side of this page).
- A letter from your parish or diocese stating you are in compliance with the *Zero Tolerance Policy* issued by the USCCB and that you have completed the training required by your Diocese and have completed a current background check. Attach the letter to your completed Registration and Liability Release Form.

Name \_\_\_\_\_  
Circle one:    \*youth minister            \*chaperone            \*volunteer  
Parish Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number of Parish ( \_\_\_\_\_ ) \_\_\_\_\_

*For Registration Committee Use Only*  
*Compliance letter received: Yes \_\_\_\_\_ No \_\_\_\_\_*  
*Received by (Registration Committee Volunteer name): \_\_\_\_\_*

**YOUTH MINISTERS AND CHAPERONES**

There must be one adult chaperone for every seven youth, age 17 and younger, in your group.

\_\_\_\_\_ Number of youth in your group, age 17 and younger, attending the *Pan de Vida* Retreat

\_\_\_\_\_ Number of chaperones attending the *Pan de Vida* Retreat with your group

**Names of adult chaperones for your group (to be completed by the youth minister/chaperone in charge of the group):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_